

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09916224</div>		FILING DATE <div style="font-size: 1.2em; font-family: cursive;">7/27/09</div>	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND. DEP.
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TOTAL IND.	10									
TOTAL DEP.	18									
TOTAL CLAIMS	28									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS